



IPHC Immunization Plan Summary age 7-11 years

Child's Name: _____

Date of Birth: _____

- _____ I/We are following an **ALTERNATIVE SCHEDULE** for our child's immunizations. **(PLEASE FILL OUT SCHEDULE BELOW) ****
 _____ I/We are not immunizing our child currently but may in the future and will update this plan when applicable. **
 _____ I/We are not immunizing our child indefinitely. **

Check box if you want	Immunization Name	Any Previous Doses? If yes, enter dates in the columns and check hyperlinks for guidelines→	Do you want combination vaccine?	Dose 1 Age/date OR Age of prior dose	Dose 2 Age/date OR Age of prior dose	Dose 3 Age/date OR Age of prior dose	Dose 4 Age/date OR Age of prior dose	Dose 5 Age/date OR Age of prior dose
	Hepatitis B "Hep B" (3 doses)							
	* TDaP (see dosing guidelines by clicking link below) 7-9 year olds OR 10-18 year olds							
	* Inactivated Polio Virus "IPV" (3-4 doses*)							
	Measles Mumps Rubella "MMR" (2 doses)							
	Varicella "chickenpox" (2 doses)							
	Hepatitis A "Hep A" (2 doses) Not school required but will be in 2022-2023 year							
	Human Papilloma Virus "HPV"-not school required (2 dose if <15 yrs, 3 doses if > 15 yrs)							

* Indicates that the # recommended doses will be dependent on age and previous number of doses in a "catch up" or "delayed" situation. Please click hyperlink for catch up specifics. [Click Here for Vaccination schedules for help filling out this form](#) or [Click here for a simplified parent-friendly version](#)

**IPHC requires that all clients who do not follow the CDC schedule are required to watch the vaccine video provided by the Health Department and present a certificate to ensure IPHC meets the requirements for informed refusal. [Click here for the video](#). Print certificate at the end and use this for school/daycare.

IPHC Uses combination vaccines whenever possible to minimize the number of injections. You may request available brands or individual injections if desired. Brands for individual vaccines are TDaP (Boostrix), Hep B (Engerix-B), Hep A (Havrix), Polio (IPV), MMR-II(Merck) Varicella (Varivax) HPV (Gardasil). We do not carry Td, we only carry TDaP because ACIP guidelines accept an either/or approach. If you want Td, you will need to go to a health department. The combination approved for use in this age group is Proquad (MMR+Varicella)

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____